MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

, **2**63-028607

VS 300 Rev. 4/59 1	DEPART	, m E					tion District No. 100	Registrar's No.	STATE FILE	NUMBER
VS 300 Rev. 4/59 1 1. FARCE OF BEATH COUNTY Jackson C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if conids corporate limits, give location) Indied Limits C. CITY (if	N THIS STUB	Ai _	mENDi —	 	13	FILE JUL 3 1 1963				
Rev. 4/59 2			, .			1. PLACE OF DEATH	·	II · · · · · · · · · · · · · · · · · ·		
2 34 R 2 3 1 2 3 3 3 3 3 3 3 3 3	vs 300	6		(l	ı	Jackson	<u> </u>	Nissouri	Jackson	admission)
2 34 R 2 3 1 2 3 3 3 3 3 3 3 3 3	kev. 4/59	일		1		b. CITY (If outside corporate limits, give TOWNSHIP only)	1 ' ' 1	c. CITY	<u>۱۱۷۶۸ بیست</u>	Inside Limits
2 34 R 2 3 1 2 3 3 3 3 3 3 3 3 3	,	WE						11-11-11-11-11		Yes 12 No 🗆
3 NAME OF DECEASED FIRST MIGHT No. Dr. OATH JUNE 196 (Type or print) MARIA: 5. SEX	<u>· </u>	EA	'	[1	HOSPITAL OR		II ADDRESS		Reside on Farm
3 NAME OF DECASED FIRST MINISTERS DATE OF STATE (Pripe or print) MARIA: S. SEX 6. COLOR OR RACE 7. Married 1. Naver Married 1. S. DATE OF BIRTH 9. AGE (last birthdey) IT-NODES 176 Wildowed() 3/16/83: 79 Yrs. Months 1. DOLOR 194 Ministers (Ministers) 1. DOLOR	234181	M	} ,		_	institutionForest Ave. Nursing	3 Hm Yest № □	2454 Tr	eac y	Yes 🗆 No📌
5. SEX A. COIGO OR RACE FORM 16. NO PYO 106. USUAL OCCUPATION (Give kind 5f work done during most of working life, even if retired) FORM 16. NO PYO 17. DOUGHES MAINTEN AGE 18. NOTHER SIGNATURE 19. AGE (lest bimidary) Month: Doy Month: Doy		+	十	H	1-	(Type or print)		Lest 4. DATE OF		y Year
S. S.EX S. SEX S. COLOR OR RACE 7. Married 1. Ma	 	1	- } .	1	1 .	MARIA:		DEILE TO	July 6.	1963
Fomale Negro N	- 人	1	1	[1	5. SEX 6. COLOR OR RACE 7. Marrie	ed Never Married	8. DATE OF BIRTH 9. AGE (las	ast birthday) TFUNDER 1 YE	EAR IF UNDER 24 HR
10. USUAL OCCUPATION (Give kind 5f work done done) 10. USUAL OCCUPATION (Give kind 5f work done done) 10. USUAL OCCUPATION (Give kind 5f work done) 11. USUAL OCCUPATION (Give kind 5f work done) 12. CITIZEN (In Manager of Control of Contr	5 7.		1		_	remale Negro i			Yrs.	
HOUSEWIFE ISS. FATHERS NAME Sa. FATHERS NAME ISS. MOTHERS MAIDEN NAME Isl. NAME OF HUSBAND OR W Isl. NAME	,					10a. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDUSTRY			OF WHAT COUNTRY
13. FATHER'S NAME 13. MOTHER'S MAINE 13. MOTHER'S MAINE 14. MOTHER'S MAINE 13. MOTHER'S MAINE 13. MOTHER'S MAINE 14. MOTHER'S MAINE 13. MOTHER'S MAINE 14. MOTHER'S MAINE 14. MOTHER'S MAINE 15. MAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECILIARY MOTHER MOTHER'S MAINE 15. MOST DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECILIARY MOTHER MOTHER'S MAINE 15. MOST DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECILIARY MOTHER MAINE 17. INFORMANT 18. CAUSE of PEARLY (Ferror only one causes per line for (a), (b), and (c). 18. CAUSE of PEARLY (Enter only one causes per line for (a), (b), and (c). 18. CAUSE of PEARLY (Enter only one causes per line for (a), (b), and (c). 18. CAUSE of Jackson 14. Old 14. Old 18. CAUSE (a) 18. CAUSE (b) 18. CAUSE (c)	<u>. </u>	1	1			Housewife		Kansas City.	Mo U.	S. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SCOLAL SECULATE AND 17. INFORMANT Address 17. INFORMANT Addres	7 g 7일	1	1		i	13a. FATHER'S NAME	. MOTHER'S MAIDEN NAME	14. Y4.	NAME OF HUSBAND OR W	'IFE
9/200 10 10 10 10 10 10 10 10 10	<u> 기</u> [호]	1			1_	Eli Clymer	Amanda Wil			
10 10 10 10 10 10 10 10	<u>, () </u>	\cup) i	į l		15 WAS DECEASED EVER IN U.S. ARMED FORCES?	STATE SECURITY NO	17. INFORMANT		
10 00 00 00 00 00 00 00 00 00 00 00 00 0	ا سا محمد 4/42	1	1				763	George Jackso	<u>n 4644 C.</u>	leveland
Which gave rise to above cause (a), stating the underlying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part III. III. III. III. III. III. III. II					; 	I PART I. DEATH WAS CAUSED BY:		_		ONSET AND DEATH
Which gave rise to above cause (a), stating the underlying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part III. III. III. III. III. III. III. II		إيرا			ŧ	Toy	cemia & Dephadr	ation		
Which gave rise to above cause (a), stating the underlying cause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased fisease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased there a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fisease condition given in PART I (a) PART III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part of the part III. If deceased fine a precipital part III. III. III. III. III. III. III. II	ı lOl		1	اً إ	1			_ 		
TO STATE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a preside disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a preside disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a president property of the part of the	20/1	MA] i	2	{		Arterio- scle	rotic Heart Disea	se	
TO STATE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a preside disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a preside disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceases there a president property of the part of the	- XH10 5	ZST.	- -			which gave rise to above cause (a),			l	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease there a pres there are the pres there are there are there are the pres the pres there are the pres there are the pres there are the pres the pres there are the pres the pres the pres the pres there are the p	3 ►†	=	+	\vdash		stating the under- lying cause last. DUE TO (c)G8				
The state of the s	Z		1		ž		CONTRIBUTING TO DEATH	H but not related to the terminal	PART III. If deceases there a pre-	d was female was gnancy in last 90 days.
NO Death occurred at Death occ					ÄTK	gisease condition given in PAKI I (a)			· -	□ No □ Unknown
20d. Injury occurred at The part of the best of my knowledge, from the date stated above, and to the date stated above, and to the best of my knowledge, from the date stated above, and to the					_ _ _	· · · · · · · · · · · · · · · · · · ·	DE 206. DESCRIBE HOV	W INJURY OCCURRED. (Enter nature		
20d. Injury occurred at The part of the best of my knowledge, from the date stated above, and to the date stated above, and to the best of my knowledge, from the date stated above, and to the	<u> M</u>				Ē	PERFORMED?		·		
20d. Injury occurred at The part of the best of my knowledge, from the date stated above, and to the date stated above, and to the best of my knowledge, from the date stated above, and to the	, N				₫	20c. TIME OF Hour Month, Day, Year	_			
Death occurred at Death occurred at Tobac Standard Standa	ַ סַ וּלּוֹ		1,	1	ă,	INJURY a.m.				
Death occurred at Tokan Death	Z 8				2	204 INJURY OCCURRED 20e. PLACE OF INJURY	(e.g., in or about home, 2	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
Desir occurred as Desir occurr	-			-		WHILE AT WORK farm, factory, stree	, ornice bidg., etc.)			
Desir occurred as Desir occurr	A R R	P			ىد	0.15.60		July 5. 1963 her	Talive on july 5.	1963
Death occurred and Death occurre	BL KIT				g	7.				
Description of the state of the	™ ≥				ſ	Detail Second Co.				22c. DATE SIGNED
Comparison (City, town, or county) Removal (Specify) Burial 7/9/1963 Lincoln Remetery (Specify) Burial 7/9/1963 Lincoln Remetery Ken'sas City, Miss Comparison (City, town, or county)	Σ [戶	1			22a. SIGNATURE ZO (Degree or title	M.D.		1 18+h C+	7-8-63
O Burial 7/9/1963 Lincoln Wemstery Ken'sas City, Miss	F	قما		[. e	23. BURIAL CREMATION 123h DATE	ME OF CEMETERY OR CRE	MATORY 23d. LOCATIO	IN (City, town, or county)	(State)
ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		lo l	\top	┵	ž lä	REMOVAL (Specify)				30uri
		Z	}		្ខ ឝ្	BURIAL 7/9/1963 L.	Incoln Vemel	TE RECD, BY LOCAL REG. 26. RE	EGISTOAR'S SIGNATURE	^
E E Mrs. Meek's Mortuary R. C. Mc /-7.63 Clubb		ITEM		\$	$\left \cdot \right ^{3}$	Tr	7. Mo. 7	-9.63	(K 2100	Lon -
(Licensed Embalmer's Statement on Reverse Side)		<u>-</u>			- 1 <u>-</u>	MITS. MEGK B MOTORILL	Licensed Embalmer's Same	nent on Reverse Side)	· ····································	The state of the s

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under	r my personal supervision.	Signed Millard B Paskins
Student	Signature of Student Embalmer	Signed Muland 13 / asken
<u>.</u>	Signature of Student Ethicathet	Licensed Embalmer No. 50/3 P. O. Address/

112

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.